

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID #.	DATE
FEES DETERMINATION			
O.P.E. CLASSIFIER			
FORMALITY REVIEW	TH	8 953	10-30-00 10-27-00
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE CO

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	10/27/00
2	✓	✓	10/27/00
3	✓	✓	10/27/00
4	✓	✓	10/27/00
5	✓	✓	10/27/00
6	✓	✓	10/27/00
7	✓	✓	10/27/00
8	✓	✓	10/27/00
9	✓	✓	10/27/00
10	✓	✓	10/27/00
11	✓	✓	10/27/00
12	✓	✓	10/27/00
13	✓	✓	10/27/00
14	✓	✓	10/27/00
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47	✓	✓	10/27/00
48	✓	✓	10/27/00
49	✓	✓	10/27/00
50	✓	✓	10/27/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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